

| I hereby certify that on May 6, 2005, which is the date I am signing this certificate, I am depositing this correspondence and all identified attachments with the United States Postal Service, first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | Serial No.: | 1 * 1 |
|--|---------------------------------|------------------------------|
| Melinda E. Hallmark | Examiner: Group Art Unit: | Sebastiano Passaniti 3711 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is:

- 1. Amendment in Response to Office Action Dated January 12, 2005;
- 2. Petition for Extension of Time; and
- 3. A return postcard.

The fee for the claims have been calculated (FY 2005) as shown below:

| | Claims | Highest Number | | Small | | | |
|--|-----------------|-----------------|---------|---------|-----------|----------|---------|
| 1 | Remaining After | Previously Paid | Number | Entity | Addt'l. | Standard | Addt'l. |
| | Amendment | For | Extra | Rate | Fee | Rate | Fee |
| TOTAL | 16 | 11 | 5 | x \$25 | \$ 125.00 | x \$50 | \$. |
| INDEP. | 3 | 3 | 0 | x \$100 | \$ | x \$200 | \$ |
| 1st Presentation of Multiple Dependent Claim | | | x \$180 | \$ | x \$360 | \$ | |
| | | | | TOTAL | \$ 125.00 | TOTAL | \$ |

Please charge my Deposit Account No. 07-1853 the amount of \$125.00, the fees for the extra claims. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. 1.16 associated with this communication or credit any overpayment to Deposit Account No. 07-1853.

Respectfully submitted,

Shelley M. Cobos, Reg. No. 56,174 Attorney for Applicants

Squire, Sanders & Dempsey, LLP

801 South Figueroa, 14th Floor Los Angeles, CA 90017 Telephone: (213) 689-5148 Facsimile: (213) 623-4581

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